

County: La Crosse  
LA CROSSE NURSING HOME  
700 WEST AVENUE SOUTH

Facility ID: 8360

Page 1

LA CROSSE 54601 Phone: (608) 785-0940  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? Yes  
Number of Beds Set Up and Staffed (12/31/01): 12  
Total Licensed Bed Capacity (12/31/01): 15  
Number of Residents on 12/31/01: 10

Ownership:  
Highest Level License: Nonprofit Church/Corporation  
Operate in Conjunction with CBRF? Skilled  
Title 18 (Medicare) Certified? No  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 14

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)			
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	100.0		
Home Health Care	No					1 - 4 Years	0.0		
Supp. Home Care-Personal Care	No					More Than 4 Years	0.0		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	30.0				
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	10.0				
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	40.0				100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	20.0	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent			
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	40.0		100.0	(12/31/01)			
Other Meals	No	Cardiovascular	10.0	65 & Over	70.0				
Transportation	No	Cerebrovascular	10.0			RNs	53.6		
Referral Service	No	Diabetes	0.0	Sex	%	LPNs	11.9		
Other Services	No	Respiratory	10.0			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	30.0	Male	20.0	Aides, & Orderlies			
Mentally Ill	No			Female	80.0				
Provide Day Programming for			100.0						
Developmentally Disabled	No				100.0				

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#### Method of Reimbursement

Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care					Total	%	
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Resi - dents	Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	9	100.0	245	0	0.0	0	0	0.0	0	1	100.0	245	0	0.0	0	0	0.0	0	10	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	9	100.0		0	0.0		0	0.0		1	100.0		0	0.0		0	0.0		10	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	0.4	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	10.0	80.0	10.0	10
Other Nursing Homes	0.4	Dressing	10.0	80.0	10.0	10
Acute Care Hospitals	99.2	Transferring	10.0	80.0	10.0	10
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	0.0	90.0	10.0	10
Rehabilitation Hospitals	0.0	Eating	90.0	0.0	10.0	10
Other Locations	0.0	*****				
Total Number of Admissions	241	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	10.0	Receiving Respiratory Care		0.0
Private Home/No Home Health	48.4	Occ/Freq. Incontinent of Bladder	10.0	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	20.0	Occ/Freq. Incontinent of Bowel	10.0	Receiving Suctioning		0.0
Other Nursing Homes	17.2			Receiving Ostomy Care		0.0
Acute Care Hospitals	7.2	Mobility		Receiving Tube Feeding		10.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		20.0
Rehabilitation Hospitals	0.0					
Other Locations	4.0	Skin Care		Other Resident Characteristics		
Deaths	3.2	With Pressure Sores	0.0	Have Advance Directives		80.0
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	250			Receiving Psychoactive Drugs		40.0

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Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

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	This Facility	Other Hospital-Based Facilities		All Facilities	
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	56.1	88.1	0.64	84.6	0.66
Current Residents from In-County	80.0	83.9	0.95	77.0	1.04
Admissions from In-County, Still Residing	3.3	14.8	0.22	20.8	0.16
Admissions/Average Daily Census	1721.4	202.6	8.50	128.9	13.35
Discharges/Average Daily Census	1785.7	203.2	8.79	130.0	13.73
Discharges To Private Residence/Average Daily Census	1221.4	106.2	11.50	52.8	23.15
Residents Receiving Skilled Care	100.0	92.9	1.08	85.3	1.17
Residents Aged 65 and Older	70.0	91.2	0.77	87.5	0.80
Title 19 (Medicaid) Funded Residents	0.0	66.3	0.00	68.7	0.00
Private Pay Funded Residents	10.0	22.9	0.44	22.0	0.45
Developmentally Disabled Residents	0.0	1.6	0.00	7.6	0.00
Mentally Ill Residents	0.0	31.3	0.00	33.8	0.00
General Medical Service Residents	30.0	20.4	1.47	19.4	1.55
Impaired ADL (Mean) *	44.0	49.9	0.88	49.3	0.89
Psychological Problems	40.0	53.6	0.75	51.9	0.77
Nursing Care Required (Mean) *	3.8	7.9	0.47	7.3	0.51